

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/830748	FILING DATE
APPLICANT(S)		

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
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10						
11	1					
12		1				
13						
14		1				
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18			1			
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31		1				
32			1			
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34	1					
35	1					
36	5		5			
37	5		5			
38	5		5			
39	5		5			
40	5		5			
41	5		5			
42	5		5			
43	5		5			
44	5		5			
45	5		5			
46	5		5			
47	1		1			
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	↔		42	↔		↔
TOTAL CLAIMS	47					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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97								
98								
99								
100								
TOTAL IND.		↓				↓		
TOTAL DEP.	↔			↔		↔		↔
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831